



Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/522,484	<b>FILING DATE</b> 03/10/2000 <b>RULE</b> -	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3628	<b>ATTORNEY DOCKET NO.</b> 1304.72US02
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**APPLICANTS**

Susan Mechache, Plymouth, MN ;

**\*\* CONTINUING DATA \*\*\*\*\***THIS APPLN CLAIMS BENEFIT OF 60/123,557 03/10/1999 *not applied***\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE****GRANTED \*\* 05/11/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**

24113

**TITLE**

System and method for sleep surface adjustment

<b>FILING FEE RECEIVED</b> 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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